PEE3

COSTS AND CONSEQUENCES OF OLOPATADINE 0.1% VERSUS CROMOLYN SODIUM 2% IN THE TREATMENT OF SEASONAL ALLERGIC CONJUNCTIVITIS

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OBJECTIVE: The aim of this study was to compare the costs and clinical consequences of olopatadine, a new topical chemical entity with a dual mechanism of action (anti-histamine and mast cell stabilizer) to those of topical cromolyn sodium (CS) in the treatment of seasonal allergic conjunctivitis in Belgium, France, Germany, Netherlands, Norway, Portugal and Sweden.
METHODS: A randomized, controlled, double-blind, multi-country clinical trial compared the efficacy and safety of olopatidine 0.1% bid and cromolyn sodium 2% qid. An economic comparison of first line and first-line failure treatments with olopatadine versus CS was modeled using clinical trial results and a standard cost approach. A societal perspective was adopted. Cost of failure was established from Pinto (2001).
RESULTS: A total of 185 patients (91 olopatadine, 94 CS) presenting with SAC were treated over 42 days. At day 42, olopatadine-treated patients had lower itching ($P < 0.05$) and redness ($P < 0.05$) scores. The first-line, treatment-failure rate was 12.5% less ($P < 0.02$) in olopatadine-treated patients. Olopatadine patients had a 1.6 greater chance ($P < .0001$) of having a day without symptoms, from day 1 to day 42. Olopatadine was as safe as CS and well tolerated. According to Pinto, cost of failure varied across countries from €48 to €72. Savings per episode due to avoiding failures with olopatadine were €7.00 in Belgium, €8.68 in France, €8.66 in Germany, €6.12 in NL, €6.02 in Norway, €8.43 in Portugal and €8.96 in Sweden. Sensitivity analyses were conducted which confirmed the robustness of our findings.
CONCLUSION: Based on results of a randomized clinical trial, and resources and costs associated with failure estimated from the literature, our model found that olopatadine is a cost-saving alternative to CS and offers more clinical benefits to patients. Results were consistent over all study countries.

PEE4

WELFARE COSTS OF VISUAL IMPAIRMENT

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OBJECTIVE: The burden of sight impairment on governments' welfare care budgets is large, and generally greater than the associated health-care costs. The objective of this study was to summarise and quantify the range of welfare and social care benefits available to individuals with sight impairment in nine countries.
METHODS: Local language literature searches, interviews with representatives of benefit agencies, patient organisations, and clinical experts using a standard set of questions adapted to local circumstances. 'Typical' cases were defined according to age, family support and level of impairment.
RESULTS: Clinical criteria (e.g. visual acuity), functional state or both may determine eligibility for benefits. Basic monthly disability benefits reported, ranged from $159 (UK) to $479 (Germany). Countries with lower values (UK, Sweden) provide a wider range of services free at the point of use or higher benefits related to income or inability to work. Higher levels of benefits in other countries are intended to cover direct purchase of services. Benefits covering inability to work range from $135 (Spain) to $793 (Sweden), and for caring responsibilities from $226 (UK) to $773 (France) per month. In most countries the range of services/benefits for 'typical' cases could be assessed.
CONCLUSION: Multinational studies assessing the economic impact of sight impairment face problems due to the fragmentation of payments and services across organisations within each country, different financing structures and systems of payment/service organisations in different countries, and a lack of centrally held information about numbers of claims in relation to the underlying condition. It is necessary to tailor prospective studies to the welfare systems in each country in order to capture such costs and to ensure relevance of economic arguments to the local environment. Decision-makers should be encouraged the use of a wider economic perspective when considering interventions preventing or delaying the progress of visual impairment.

PEE5

COSTS AND CONSEQUENCES OF LASIK, GLASSES AND CONTACT LENSES IN MILD TO MODERATE MYOPIA—A SPANISH SOCIETAL APPROACH

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OBJECTIVE: To compare the costs and consequences of three strategies for correction of mild to moderate myopia: laser in situ keratomileusis (Lasik), glasses and contact lenses (CL).
METHODS: A Markov model compared the present value of Lasik, glasses and CL. A structured questionnaire was administered to 40 patients to collect resource utilization data including direct medical and indirect non-medical costs (transportation, time spent, hotel, spectacles, CL, Lasik, cleaning stuff, visits to ophthalmologist, optometrist, optic centre, and adverse events linked to Lasik and CL). Time horizon varied from 10 to 30 years with a 5% discount rate. The economic perspective was that of the Spanish society. Full sensitivity analyses were conducted.